



Case Docket No. PBAER-35421

Date: January 30, 1996

In re application of: THOMAS K. MCDONALD, et al.

Serial No.: 08/316,422

Filed: September 30, 1994

For: QUICK-DONNING FULL FACE OXYGEN MASK WITH INFLATABLE HARNESS AND SOFT FOLDABLE LENS

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application:

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

COL. (1)	COL. (2)	COL. (3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL • 21	MINUS .. 21	• 0
INDEP. • 3	MINUS ... 3	• 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		

SMALL ENTITY	
RATE	FEE
X \$ 11	\$ 0
X \$ 38	\$
+ \$120	\$
1 MO. EXT. \$ 55	\$
2 MO. EXT. \$ 185	\$
3 MO. EXT. \$ 435	\$
TOTAL ADDL. FEE	\$ -0-

OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ 22	\$
X \$ 76	\$
+ \$240	\$
1 MO. EXT. \$ 110	\$
2 MO. EXT. \$ 370	\$
3 MO. EXT. \$ 870	\$
TOTAL ADDL. FEE	\$ -0-

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 06-2425 the amount of \$ \_\_\_\_\_. A duplicate of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-2425. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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Respectfully submitted,

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